

Detecting poor adherence in practice

In the second in a short series of articles on medication adherence, David Pruce, director of PruceConsulting, looks at the indicators of poor adherence and how it can be detected in day-to-day pharmacy practice

Identifying when patients are failing to take their medicines properly is not an exact science. It is often based on putting together a number of clues and on developing a relationship of trust with a patient such that he or she feels able to confide in the pharmacist and their staff.

There are some simple indicators that may help detect poor adherence (see Panel). None of these is foolproof: they simply indicate that adherence is an issue that a pharmacist should follow up in discussion with a patient.

A medicines use review is a perfect opportunity to raise the question of poor adherence, which occurs in a third to a half of all people with long-term conditions. It is likely, therefore, that a significant proportion of people offered an MUR will have some degree of poor adherence.

Recognising that non-adherence is common and that patients often have good reasons for not taking their medicines as directed is important. The attitude of the pharmacist will dictate how much the patient will be willing to "open up" about their poor adherence. If patients sense that pharmacists view their poor adherence as them being "difficult" or "foolish", they will be unlikely to confide their true feelings. The National Institute for Health and Clinical Excellence

clinical guideline on medicines adherence¹ emphasises the importance of accepting that patients may have different views from health professionals about risks, benefits and side effects and that they have the right to decide not to take a medicine. In order to make an informed decision, a patient needs to have been given the right information.

People have a range of reasons for choosing not to adhere to their medicines regimen. These include concerns about the value or effectiveness of medicines, their side effects and the inconvenience of taking the drugs at the prescribed times and frequency. Adherence can also be related to how well patients accept that they have a condition requiring treatment. In addition, there may be reasons that are directly related to the medicine or condition, such as a reluctance to take inhaled steroids for asthma because of a belief that steroids are harmful.

The most effective techniques for assessing poor adherence are asking specific questions about adherence in a non-judgemental way and actively listening to patients' concerns. Experts suggest that healthcare professionals can make it easier for patients to report poor adherence by asking them if they have missed any doses of medicine recently and:

- Asking the question in a way that does not apportion blame
- Explaining why you are asking the question
- Mentioning a specific period such as "in the past week"
- Asking about medicine-taking behaviours, such as reducing the dose and stopping or starting medicines

Patients will make decisions on whether to take medicines based on their understanding of their condition, the treatments, their view of whether they need medicines and their concerns about the medicines. Asking questions about their understanding and concerns will help to identify their needs for information and counselling.

If patients are not taking their medicines properly, pharmacists should ask them whether this is because of beliefs, concerns or problems about the medicines (intentional non-adherence) or because of practical problems (unintentional non-adherence). This enables interventions to be tailored to the cause. Poor adherence may be due to a combination of factors, eg, forgetfulness may be compounded by an underlying lack of confidence in the treatment or the presence of unpleasant side effects. The assessment should be recorded along with the reasons for the conclusions for future reference.



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A number of questionnaires²⁻⁴ exist that have been used in adherence research to elicit patient's beliefs about their medicines and to help to understand the reasons behind poor adherence. These may be a useful starting point in exploring poor adherence. However, it is important that they are used as a structure to stimulate discussion with the patient.

An accurate assessment of a patient's adherence to medicines and the reasons behind poor adherence is a vital first step to improving adherence. Just as an accurate diagnosis of a patient's condition allows the best treatment to be prescribed, an accurate assessment of why a patient has poor adherence allows the best support to be tailored to the individual.

References

- 1 National Institute for Health and Clinical Excellence. Medicines adherence. Involving patients in decisions about prescribed medicines and supporting adherence. London: NICE, 2009
- 2 Horne R, Weinman J, Hankins M. The Beliefs about Medicines Questionnaire: the development and evaluation of a new method of assessing the cognitive representation of medication. *Psychology and Health* 1999;14:1-24.
- 3 Thompson K, Kulkarni J, Sergejew AA. Reliability and validity of a new Medication Adherence Rating Scale (MARS) for the psychoses. *Schizophrenia Research* 2000;42:241-7.
- 4 Dolder CR, Lacro JP, Warren KA, Golshan S, Perkins DO, Jeste DV. Brief evaluation of medication influences and beliefs: development and testing of a brief scale for medication adherence. *Journal of Clinical Psychopharmacology* 2004;24:404-9.

INDICATORS OF POOR ADHERENCE

- Calculating how much medicine a patient should have taken and comparing it with their repeat prescriptions (some pharmacy software systems are able to do this automatically) can be useful. If a patient seems to be collecting less (or more) medicine than he or she should need, it suggests the medicine is not being taken properly.
- Patient-returned medicines may demonstrate that a patient has poor adherence over a long period.
- If a patient has a negative reaction to a new prescription it suggests that the patient does not believe in the medicine being prescribed. There is a high risk that patients will not adhere to medication if they feel negative about it.
- Every pharmacist will have had patients look down a prescription and say "I don't want that". This may be simply that they have enough of it at home but it may be that they are not taking the medicine.